

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

RIGHT WOMEN PAC

ADDRESS (number and street)

499 SOUTH CAPITOL STREET SW

#405

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00718841

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☒ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
04 01 2020

through

M M M / D D D / Y Y Y Y Y Y  
04 30 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

DATWYLER, THOMAS, , ,

Type or Print Name of Treasurer

Signature of Treasurer

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
05 08 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

RIGHT WOMEN PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
04		01		2020

To:

M M	/	D D	/	Y Y Y Y Y
04		30		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2020</td></tr></table>	Y	Y	Y	Y	Y	2020						<table><tr><td colspan="5">81093.54</td></tr></table>	81093.54				
Y	Y	Y	Y	Y													
2020																	
81093.54																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">91267.04</td></tr></table>	91267.04															
91267.04																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">48170.25</td></tr></table>	48170.25					<table><tr><td colspan="5">92023.00</td></tr></table>	92023.00									
48170.25																	
92023.00																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">139437.29</td></tr></table>	139437.29					<table><tr><td colspan="5">173116.54</td></tr></table>	173116.54									
139437.29																	
173116.54																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">95777.64</td></tr></table>	95777.64					<table><tr><td colspan="5">129456.89</td></tr></table>	129456.89									
95777.64																	
129456.89																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">43659.65</td></tr></table>	43659.65					<table><tr><td colspan="5">43659.65</td></tr></table>	43659.65									
43659.65																	
43659.65																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**RIGHT WOMEN PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20500.00	52320.00
(ii) Unitemized .....	170.25	2203.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20670.25	54523.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	27500.00	37500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	48170.25	92023.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	48170.25	92023.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	48170.25	92023.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	18277.63	27033.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	18277.63	27033.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	77500.01	102423.57
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	95777.64	129456.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95777.64	129456.89

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	48170.25	92023.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	48170.25	92023.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	18277.63	27033.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	18277.63	27033.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Basting, Dirk, , ,**

Mailing Address 2200 South Ocean Lane

City

Fort Lauderdale

State

FL

Zip Code

33316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2020

Transaction ID : SA11AI.4813

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brophy, Carleen, , ,**

Mailing Address Po Box 1185

City

Jackson

State

WY

Zip Code

83001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2020

Transaction ID : SA11AI.4862

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Crail, Sharon, , ,**

Mailing Address 2172 Dupont Dr.

City

Irvine

State

CA

Zip Code

92612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2020

Transaction ID : SA11AI.4875

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

9000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hare, Carol Nash, , ,**

Mailing Address 1502 Warrington Place

City  
Rock Hill

State  
SC

Zip Code  
29732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2020

Transaction ID : SA11AI.4835

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Langfan, Mark, , ,**

Mailing Address 2100 South Ocean Blvd  
501N

City

Palm Beach

State  
FL

Zip Code  
33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2020

Transaction ID : SA11AI.4821

Amount of Each Receipt this Period

4000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miller, Tracy, , ,**

Mailing Address 1209 Devens Drive

City

Brentwood

State  
TN

Zip Code  
37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2020

Transaction ID : SA11AI.4816

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'Keefe, Eric, , ,

Mailing Address PO Box 279

City  
Spring Green

State  
WI

Zip Code  
53588

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
E&L Corporation

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2020

Transaction ID : SA11AI.4833

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schwemmer, Lynda, , ,

Mailing Address 6062 Shallows Way

City  
Naples

State  
FL

Zip Code  
34109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : SA11AI.4867

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

20500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 15

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AMERICANS FOR LIMITED GOVERNMENT**

Mailing Address 10332 MAIN ST STE 326

City  
FAIRFAX

State  
VA

Zip Code  
22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2020

**Transaction ID : SA11C.4885**

Amount of Each Receipt this Period

22500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. YOUR VOICE COUNTS**

Mailing Address PO BOX 97275

City  
RALEIGH

State  
NC

Zip Code  
27624

FEC ID number of contributing  
federal political committee.

C C00626903

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

**Transaction ID : SA11C.4826**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27500.00

27500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. 9SEVEN CONSULTING**Mailing Address 499 SOUTH CAPITOL STREET SW  
#405City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2020

FEC Identification Number

C C00718841

**Transaction ID : SB21B.4781**

Amount of Each Disbursement this Period

545.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. 9SEVEN CONSULTING**Mailing Address 499 SOUTH CAPITOL STREET SW  
#405City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2020

FEC Identification Number

C C00718841

**Transaction ID : SB21B.4864**

Amount of Each Disbursement this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**Mailing Address 1920 MCKINNEY AVENUE  
7TH FLOORCity  
DALLASState  
TXZip Code  
75201Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2020

FEC Identification Number

C C00718841

**Transaction ID : SB21B.4815**

Amount of Each Disbursement this Period

541.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2336.50

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. Bold Colors Group LLC**

Mailing Address 6965 El Camino Real Ste 105-612

City  
CarlsbadState  
CAZip Code  
92009Purpose of Disbursement  
Fundraising Consulting

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	7			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.4820**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**Mailing Address 499 SOUTH CAPITOL STREET SW  
#405City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
Digital Consulting

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	9			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.4825**

Amount of Each Disbursement this Period

677.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**Mailing Address 499 SOUTH CAPITOL STREET SW  
#405City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
CREDIT CARD FEES

001

Category/  
Type

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.4877**

Amount of Each Disbursement this Period

136.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3313.68

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**RIGHT WOMEN PAC**

Full Name (Last, First, Middle Initial)

**A. LUNDBORG DESIGN GROUP**

Mailing Address 1492 18TH AVENUE NW

City  
NEW BRIGHTONState  
MNZip Code  
55112Purpose of Disbursement  
CREATIVE DESIGN

001

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				1	0		2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.4828**

Amount of Each Disbursement this Period

166.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LUNDBORG DESIGN GROUP**

Mailing Address 1492 18TH AVENUE NW

City  
NEW BRIGHTONState  
MNZip Code  
55112Purpose of Disbursement  
CREATIVE DESIGN

001

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				3	0		2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.4866**

Amount of Each Disbursement this Period

315.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Pavilion Consulting Partners LLC**Mailing Address 107 S West St  
Suite 482City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
PAC Strategy Consulting

001

Candidate Name

**RIGHT WOMEN PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				0	9		2	0	2	0		

FEC Identification Number

C C00718841

**Transaction ID : SB21B.4823**

Amount of Each Disbursement this Period

12000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12481.50

18131.68

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 13 OF 15  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RIGHT WOMEN PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00718841	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Ring Limited</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>PO Box 207</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 04 / 27 / 2020		
City Dublin	State OH	Zip Code 43017	Amount <span style="border: 1px solid black; padding: 2px;">18297.18</span>		
Purpose of Expenditure Digital Ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.4838</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 04 / 23 / 2020		
Name of Federal Candidate: HERRELL, STELLA YVETTE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> State: <u>NM</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">18297.18</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ring Limited</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>PO Box 207</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 04 / 27 / 2020		
City Dublin	State OH	Zip Code 43017	Amount <span style="border: 1px solid black; padding: 2px;">11702.82</span>		
Purpose of Expenditure Video Placement		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE.4839</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 04 / 23 / 2020		
Name of Federal Candidate: HERRELL, STELLA YVETTE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> State: <u>NM</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">30000.00</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">30000.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature DATWYLER, THOMAS, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 05 / 08 / 2020	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 14 OF 15  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RIGHT WOMEN PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00718841	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee <b>Ring Limited</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>PO Box 207</b>			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 04 / 28 / 2020		
City <b>Dublin</b>		State <b>OH</b>	Amount <input type="text" value="20500.01"/>		
Purpose of Expenditure <b>Digital Ads</b>		Category/Type <input type="text" value="004"/>		Transaction ID : <b>SE.4849</b> Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 04 / 28 / 2020	
Name of Federal Candidate: <b>LANDING, KATHERINE DUBEAU, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>01</b> State: <b>SC</b>		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="20500.01"/>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Ring Limited</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>PO Box 207</b>			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 04 / 28 / 2020		
City <b>Dublin</b>		State <b>OH</b>	Amount <input type="text" value="9500.00"/>		
Purpose of Expenditure <b>Video Placement</b>		Category/Type <input type="text" value="004"/>		Transaction ID : <b>SE.4850</b> Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 04 / 28 / 2020	
Name of Federal Candidate: <b>LANDING, KATHERINE DUBEAU, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>01</b> State: <b>SC</b>		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="30000.01"/>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<input type="text" value="30000.01"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value=""/>		
(c) TOTAL Independent Expenditures .....			<input type="text" value=""/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>DATWYLER, THOMAS, , ,</b>			Date <input type="text" value="MM/DD/YYYY"/> 05 / 08 / 2020 <i>[Electronically Filed]</i>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 15 OF 15  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RIGHT WOMEN PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00718841	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Victory Enterprises</b> <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 27 / 2020		
Mailing Address 5200 30th Street SW			Amount <span style="border: 1px solid black; padding: 2px;">15000.00</span>		
City Davenport	State IA	Zip Code 52802	Transaction ID : <b>SE.4854</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 27 / 2020		
Purpose of Expenditure Digital Advertising		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: COWAN, JOHN DR., , , <span style="float: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">15000.00</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Victory Enterprises</b> <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 27 / 2020		
Mailing Address 5200 30th Street SW			Amount <span style="border: 1px solid black; padding: 2px;">2500.00</span>		
City Davenport	State IA	Zip Code 52802	Transaction ID : <b>SE.4856</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 04 / 27 / 2020		
Purpose of Expenditure Digital Production		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: COWAN, JOHN DR., , , <span style="float: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">17500.00</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">17500.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">77500.01</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature DATWYLER, THOMAS, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 05 / 08 / 2020	